| Lindor the Benerical Reduction Act of                    | 1995 an nerson  | U.S. Patent and Tra  | ademark Of   | PTO/SB/21 (04-0<br>or use through 07/31/2006. OMB 0651-00<br>ffice: U.S. DEPARTMENT OF COMMER<br>unless it displays a valid OMB control numb |  |  |
|--|-----------------|--|--|--|--|--|
| Under the Paperwork Reduction Act of                     | 1995, No person | Application Number   | 10/074   |  |  |  |
| TRANSMITTAL  | Filing Date     | 02/11/   | /2002  |  |  |  |
| FORM   |                 |  | us Dibuduo   |  |  |  |
| (to be used for all correspondence after initial filing) |                 | Art Unit   | 2685   | 2685   |  |  |
|  | Examiner Name S |  | Sonny Trinh  |  |  |  |
| otal Number of Pages in This Submission                  |                 |  | 41L-000101   |  |  |  |
|  | ENCLO           | SURES (check all that apply)   | 1  |  |  |  |
| Fee Transmittal Form                                     |                 |  | After Allowance Communication to Technology Center (TC)        |  |  |  |
| Fee Attached   | Licensi         | ng-related Papers  |  | Appeal Communication to Board of Appeals and Interferences   |  |  |
| Amendment / Reply  | Petition        |  | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |
| After Final  | _               | to Convert to a<br>onal Application  | Proprietary Information  |  |  |  |
| Affidavits/declaration(s)                                |                 | of Attorney, Revocation e of Correspondence Address  | Sta  | Status Letter  |  |  |
| Extension of Time Request                                | Termin          | al Disclaimer  | Other Enclosure(s) (please identify below):                    |  |  |  |
|  |                 | st for Refund  |  | Return Receipt Postcard  |  |  |
| Express Abandonment Request CD,                          |                 | umber of CD(s)   |  |  |  |  |
| Information Disclosure Statement                         |                 |  |  |  |  |  |
| Certified Copy of Priority Document(s)                   |                 | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. |  |  |  |  |
| Response to Missing Parts/ Incomplete Application        |                 |  | •  |  |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53      |                 |  |  |  |  |  |
| SIGNAT   | TURE OF         | APPLICANT, ATTORNEY, C   | R AGE  | NT   |  |  |
| Firm or Individual name  Harness, Dickey & Pierce, P.L.  |                 | Attorney Name Michael J. Schmidt   |  | Reg. No.<br>34,007   |  |  |
| Signature  | nl              | hul  | ,  |  |  |  |
| Date January 27, 2005                                    |                 |  |  |  |  |  |

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| Typed or printed name | Michael J. Schmidt | Express Mail Label No. | EV 570 163 066 US (1/27/2005) |
|-----------------------|--------------------|------------------------|-------------------------------|
| Signature             | Mahmil             | Date                   | January 27, 2005              |

This collection of information is required by 37 CPR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<u>450</u>

Date

January 27, 2005

| Olider the Paperwork Redi   |                 |                          | red to respon  | a to a conection   | Of Milottiation time. | 33 K displays a ve | and Civib Control Homber |
|---|-----------------|--------------------------|----------------|--------------------|-----------------------|--------------------|--------------------------|
| Effective on 12/08/2004.  So by Bugge to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                 |                          |                | Complete if Known  |                       |                    |                          |
| 01. 6   |                 |                          | Applica        | tion Number        | 10/074,075            |                    |                          |
| FEE TRANSMITTAL   |                 |                          | Filing D       | ate                | 02/11/2002            |                    |                          |
| $\mathcal{L}$   | FY 2            |                          |                | amed Inventor      | Marcus Dibuduo        |                    |                          |
| Applicant of ms small   | all entity stat | us. See 37 CFR 1.27      | Examin         | er Name            | Sonny Trinh           |                    |                          |
| PADEMAN   |                 |                          | Art Unit       |                    | 2685                  |                    |                          |
| TOTAL AMOUNT OF PA  | AYMENT (        | \$) 450                  | Attorne        | y Docket No.       | 4041L-000101          |                    |                          |
| METHOD OF PAYMEN  | NT (check a     | ll that apply)           | -              |                    |                       |                    |                          |
| Check Credit C  | ard Mo          | ney Order 🔲 None         | Other (1       | please identify    | <i>י</i> ) :          |                    |                          |
| Deposit Account De  | posit Accoun    | t Number: 08-0750        |                | Deposit Acco       | ount Name: Harne      | ss, Dickey & Pi    | ierce, P.L.C             |
| For the above-io  | dentified depo  | osit account, the Direct | or is hereby a | authorized to:     | (check all that app   | oly)               | -                        |
| Charge fe   | ee(s) indicate  | ed below                 |                | ☐ Char             | ge fee(s) indicated   | d below, except    | t for the filing fee     |
| _   | • •             | fee(s) or underpaymen    | ate of foo(e)  | _                  | it any overpaymer     | ·                  |                          |
|   | 7 CFR 1.16 a    |                          | 160 01 166(3)  | ZZ Oled            | it any overpaymen     | 165                |                          |
| WARNING: Information on tinformation and authorization  |                 |                          | ird informatio | n should not b     | e included on this f  | orm. Provide cre   | edit card                |
| FEE CALCULATION   | 511 OH F 10-20. |                          |                |                    |                       |                    |                          |
| 1. BASIC FILING, SE   | ADCH ANI        | D EYAMINATION E          | EC             |                    |                       |                    |                          |
| i. DASIO I ILINO, SL  | FILING I        |                          | SEARCH         | FEES               | EXAMINA               | TION FEES          |                          |
|   |                 | Small Entity             |                | <b>Small Entit</b> | y S                   | Small Entity       |                          |
| Application Type  | Fee (\$)        | <u>Fee(\$)</u>           | Fee(\$)        | <u>Fee(\$)</u>     | <u>Fee(\$)</u>        | <u>Fee(\$)</u>     | Fees Paid (\$)           |
| Utility   | 300             | 150                      | 500            | 250                | 200                   | 100                |                          |
| Design  | 200             | 100                      | 100            | 50                 | 130                   | 65                 |                          |
| Plant   | 200             | 100                      | 300            | 150                | 160                   | 80                 |                          |
| Reissue   | 300             | 150                      | 500            | 250                | 600                   | 300                |                          |
| Provisional   | 200             | 100                      | 0              | 0                  | 0                     | 0                  |                          |
| 2. EXCESS CLAIM FI  | EES             |                          |                |                    |                       |                    | Small Entity             |
| Fee Description   |                 |                          |                |                    |                       | Fee (\$)           | Fee (\$)                 |
| Each claim over 20 (ir  |                 |                          |                |                    |                       | 50                 | 25                       |
| Each independent clai   |                 | cluding Reissues)        |                |                    |                       | 200                | 100                      |
| Multiple dependent cla  | aims            |                          |                |                    |                       | 360                | 180                      |
| Total Claims  | Extra C         | laims <u>Fee(\$)</u>     | _              | Paid (\$)          |                       | A                  | Dependent Claims         |

16 -20 or HP= 0 Fee Paid (\$) 50 Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 3 or HP= 0 200 Х HP = highest number of independent claims paid for, if greater than 3.

Michael J. Schmidt

3. APPLICATION SIZE FEE

Name (Print/Type)

0

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = 0 / 50 = (round up to a whole number) x 0 4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Two Month Extension of Time

**SUBMITTED BY** Registration No. Signature 34,007 Telephone (248) 641-1600

(Attorney/Agent)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.